SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIED GODILL MASCONSIN

MAR 23 2015

Permit #: \$7.00 \\ \\$7.00

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSU

Bayfield Co. Zoning Dept.

Refund:

		Rec'd for Issuance	And the state of t		☐ Municipal Use			Commercial Use				Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)				 	3000,			Value at Time of Completion * include donated time & material	X Non-Shoreland	Jiio Cairo —	Choreland C	Section C	1/4,	PROJECT LOCATION	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: SCH	Address of Property: 7	Alan Ber	Owner's Name:	TOTAL DEBUTE COL
]		,														on:	f permit bein		Property	Run a Business on	Relocate (existing bldg)	Conversion	☐ Addition/Alteration	★ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	, Township	1/4	Legal Description:	n Signing Applica	'IJ	th Shore	q) CO.	
2+h>:: /ow	Conditiona	Special Use: (explain)	Accessory	Accessory Building	Addition/Alteration	Mobile Ho	Bunkhouse				- Company of the Comp			Residence	;		g applied for	The same of the sa		ess on	sting bldg)		teration	uction	T		Land within	Land within ward side of	z	Gov't Lot	-	ation on behalf o		e Al		מואל	M I AND IICE
lain)	Conditional Use: (explain)	e: (explain)	Accessory building Addition/Aiteration	building Ar			Bunkhouse w/ (sanitary,	with Attac	with (2 nd) Deck	with a Deck	with (2 ^{na}) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)			is relevant to		- Foundation		3		☐ 1-Story + Loft	₹ 1-Story	# of Stories and/or basement		1000 feet of	300 feet of R Floodplain?	N, Range		tatemer	of Owner(s))					
	ain)	- Constitution of the Cons	idition/ Ait	(specify) _	(specity)	ctured date	ary, or □	ရွ	Deck	웃	Porch	rch		hunting sh	_ 				Fion	ment	nt				ries ement		Lake, Pond If yes	iver, Strean If yes	W	(s) CSM	2 P.	Agent Phone:	Contrac	Garnes	/233	Mailing	VOLTABY
	e de la companya de l		cidion (st	creation (specific)			☐ sleeping quarters, <u>or</u>	že						ack, etc.)	Proposed Structure	Length:	Length:						☐ Year Round	X Seasonal	Use		Pond or Flowage If yescontinue	Stream (incl. Intermittent) If yescontinue>	sown di	Vol & Page	7	hone:	or Phone:	Barnes	1223 Thompson	Mailing Address:	√Naa
			(specify)		\II		rters, <u>or</u> ⊥							er (y)	ucture	4 28		-		×			und 🗆		D.		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		Barnes	Jage	20	Agent	Plumber:	ili	in Dr		
	**************************************		- the second sec	> Wayane			cooking &					***************************************								None		3	2	1	# of bedrooms	-	Distance Structure	Distance Structure is from Shoreline:	5.5	か(s) No.	t- 191-	Agent Mailing Address (include City/State/Zip):	ber:	2	A)	City/State/	NOTICE A
						- Lineway	cooking & food prep facilities)									Width:	Width:		None	Port	Priv		□ (Nev	□ Mur			25.	cture is fr			8	dress (inclu		873	Altouna	City/State/Zip:	1100
) facilities)										'	ľ	Compost roller	Portable (w/service con	(Pit) or	Sanitary (Exists) Specify Type: Conventional	(New) Sanitary	Municipal/City	V Sewer		from Shoreline :	om Shorel		Block(s) No.	10	de City/Sta			W	2% F.C.S	SPECIALINE
-	-			7 7	- ان	` ~	-	, _			-	-	^		- Di	- 6			=	ervice coi	Vau	ts) Spec	y Specify	Y	What Type of wer/Sanitary Sys		*	ř	EQL SIZE	Subdivision	Volume	te/Zip):			5472	F 0.5F	
×	×	×	,	T	× >	< >	<	×	×	×	×	×	×	× >	₹	 	. H			ntract)	Ited (mir	ify Type:C	fy Type:_		What Type of Sewer/Sanitary System Is on the property?		JX No	Is Property in Floodplain Zone?		earnater	945				0	- I	Д Д
-	_ .	_		- ³	_	_	_	_			_	-	_	_	15	Height: /					1 200 gallo	Careato	**************************************		1		Vo Vo	erty in in Zone?	1, 3	Nex	:: (i.e. Prop	Written A Attached	Plumber Phone:	115 SOR	Call Phon	윤	8
	in the second se			104	5										Square Footage	 a					<u> </u>		x Wel	☐ City	Wate		⊈ Yes X No	Are Wetland Present?	350		ocument: (i.e. Property Ownership 745 Page(s) 297	Written Authorization Attached yes No	Phone:	8013	P.	e:	

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization must accompany this application)

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Date

8

S

(If there are Multiple Ov

ners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit _

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Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

refrest results in spelication (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) powdling and that it will be relied upon by Bayfield county in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield county relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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Other: (explain)

Permit #: /S A S Parcel a Sub-Standard Lot Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Pers (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Pes (Fused/Contiguous Lot(s)) Inspection Record: Was Parcel Legally Created Yes Ino Nowas Proposed Building Site Delineated Yes Ino Inspection Record: Was Proposed Building Site Delineated Yes Ino Inspect Condition(s):Town, Committee or Board Conditions Attached? Date of Inspection: 3-24-15 Date of Inspection: 3-24-15 Condition(s):Town, Committee or Board Conditions Attached? Muy Mot Legally Created Yes Inspect Conditions Attached?	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the placement or construction of a structure more than ten (10) feet of the minimum required setback, the placement or construction of a structure more than ten (10) feet of the minimum required setback, the placement or construction of a structure more than ten (10) feet of the minimum required setback, the placement or the placement or the placement or the prior to the placement or construction of a structure more than ten (10) feet of the minimum required setback, the none previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet of the minimum required setback, the none placement or construction of a structure more than ten (10) feet of the minimum required setback, the none placement or construction of a structure more than ten (10) feet of the minimum required setback, the none previously surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use marked by a licensed surveyed corner, or verifiable by the Department by use feet from the placement of the minimum required setback, the setback to Setba	(2) Show Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (7) Show any (*): (8) See house (9) See house (1) - Profosed garage (2) Show any (*): (8) Setbacks: (measured to becack from the Established Right-of-Waye)	Show Location of:
for Denial: Date: 3-07-/5 XNO XNO XNO Mitigation Required 'Period of the control of the cont	Feet Setback Feet Setback Feet Setback Feet Setback Feet Elevatio Feet Setback Feet Setback Feet Setback Feet Feet Setback	an) Frontage Road (Name Frontage es on your Property stic Tank (ST); (*) Drain Field (DF *) Stream/Creek; or (*) Pond Slopes over 20% Clearway 3	Proposed Construction
Yes X No Affidavit Required Yes Yes Yes Yes Affidavit Attached Yes Y	rom one previously s	by the Planning & Zoning D	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County

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Date St amp (Received)

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Permit #: Refund: Amount Paid: Date: **i**

#250

Bayfield Co. . Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED-> X LAND USE Proposed Construction: ÷ XShoreland Contractor: উন্ত □ Non-Shoreland of Completion Value at Time Address of Property: donated time & Rec'd for Issuance PROJECT LOCATION Š Municipal Use Commercial Use Ŋ Residential Use Secretarial Staff Proposed Use include 730 Section 3 8 N Z 1/4, _____ ☐ Relocate (existing bldg)
☐ Run a Business on Addition/Alteration □ Conversion X is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue Legal Description: (Use Tax Statement) Property Is Property/Land within 300 feet of River, Stream
 Creek or Landward side of Floodplain? itesimma **New Construction** , Township La Cal Project < 的 TO LOCALITY Other: (explain) Residence (i.e. cabin, hunting shack, etc.) Conditional Use: (explain) Special Use: (explain) Accessory Building (specify) Contigued
Accessory Building Addition/Alteration (specify) Addition/Alteration Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) Principal Structure (first structure on property) 5 FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES are companying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are companying information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the Gov't Lot _ N, Range M 1-Story with a Porch with (2nd) Porch ☐ 1-Story + Loft and/or basement with a Deck with (2nd) Deck with Loft with Attached Garage Basement No Basement Foundation 2-Story # of Stories Lot(s) Q. SANITARY - PRIVY (specify) Mailing Address:

76 HYVKCHY S J151580-0367 Contractor Phone: PIN: (23 digits) 04-004-2-45-09-≨ Agent Phone: Proposed Structure Length: Length: continue Year Round Seasonal Townst: Use & Page 34.2 ☐ CONDITIONAL USE ☐ SPECIAL USE

| City/State/Zip: Agent Mailing Address (include City/State/Zip): SZ450 Leke Res. R. 1.17 01 X 3 2 Distance Structure is from Shoreline (8) bedrooms Distance Structure is from Shoreline : None 248 9 Master 405-006-1000 Volume 7 Mattorned MIN SSI Ф Width: Width: 2,0 Sanitary (Exists) Sp Privy (Pit) or V Portable (w/service Municipal/City (New) Sanitary Block(s) No. None Compost Toilet Band WIS 41 Z Sewer/Sanitary System ls on the property? What Type of Subdivision \$ feet Specify Type: Specify Type: 1 6 eKcd
Vaulted (min 200 gallon) 0 Dimensions ☐ B.O.A. ☐ OTHER_ Is Property in Floodplain Zone?

— Yes

— No xxxxxxxxx \times \times \times × Height: Written Authorization
Attached
X yes No
Nent: (i.e. Property Ownershi 840-5 Plumber Phone Cell Phone: Page(s) 168 Are Wetlands
Present?

□ Yes Square Footage 3 (6/2) 748 **₫** 20 ₩ Well Water City

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s):

Perc

ed All Own

ist sign or tested(s) of authorization must accompany this application)

MIMOR

(If there

are Mu

am (are) responsible for the detail and accuracy may be a result of **Bayfield County** relying on the above described property at any reasonable time.

Authorized Agent:

Address to send permit

2450

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Wit

Attach

Copy of Tax Statement

Copy of Tox Statement

ently purchased the property send your Recorded Deed

Date

Date

ization must

signing on behalf of the

Hold For Sanitary: Date of Inspection Issuance Information (County Use Only) Condition(s): Town, Committee or Board Conditions Attached? Granted by Variance (B.O.A.) Permit #: Permit Denied (Date) Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Setback to Septic Tank or Holding Tank
Setback to Drain Field
Setback to Privy (Portable, Composting) Setback from the **South** Lot Line Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback from the East Lot Line Setback from the Centerline of Platted Road Was Parcel Legally Created
Was Proposed Building Site Delineated Yes Please complete (1) - (7) above (prior to continuing) JA INO ext of Inspector: (2) (3) (4) (5) (5) (7) 8 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) nt or construction of a structure within ten (10) feet of the manyed corner or marked by a licensed surveyor at the owner's Show any (*): Show any (*): Show Location of: Show / Indicate: Show: all Show: Established Right-of-Way Setbacks: (measured to the closest point) Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. <u>Draw or Sketch your Property</u> (regardless of what you are applying for) 3-24-15 casement Rd 2 setba Case #: □ Yes Hold For TBA: Topage Land X Yes (Deed of Record) 230,27/ (Fused/Contiguous Lot(s)) (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan □ No Sanitary Number: Inspected by: Permit Date: Reason for Denial: 790+ 790+ Measurement ěs Hold For Affidavit: □ No - (If No they need to be attached.) Feet Feet Feet Feet Feet Feet いるが 08-345 the boundary line from which the setback must be measured must be visible from one Previously Granted by Variance (B.O.A.)

「Yes 図 No Mitigation Required Mitigation Attached unterla Were Property Lines Represented by Owner
Was Property Surveyed 20% Slope Area on property Elevation of Floodplain Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback to Well Setback from Wetland addition Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: W Hold For Fees: □ Yes 5 Case #: Affidavit Required
Affidavit Attached Zoning District
Lakes Classification X Yes Sanitary Date: 5-12-0 Date of Re-Inspection: 5 EST agent St. Approval 1/2 previously surveyed corner to the N/A X Yes クキャダ Measurement 0 NH de Yes X X S S No ω □ □ N N Feet Feet Feet